

9.

REPORTS INVENTORY						CONTROL NO. DDS/OL/LSD 9
PREPARE IN DUPLICATE						
1. TITLE OF REPORT (if a fill-in report include Form No.) Accident						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL	TRAINING			ADMIN. GENERAL
		<input checked="" type="checkbox"/> LOGISTICS	<input checked="" type="checkbox"/> SECURITY			OTHER (specify)
		<input checked="" type="checkbox"/> MEDICAL	<input checked="" type="checkbox"/> FINANCE			
4. NO. OF COPIES PREPARED Five		5. FREQUENCY (weekly, monthly, quarterly, etc.) When accident occurs.		6. DISTRIBUTION (No. of components not number of copies) LSD/Safety O, LSD; MPB: OL/Security O, STAT & CIA Security Officer		
7. FORMAT (memorandum, form computer print-out, etc) Memo		8. ADP PROCESSING <input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT		
10. PREPARING COMPONENT (include lowest level contributing information to report) Motor Pool Branch		11. FEEDER REPORTS (State total number and identity by title, Form No., or nomenclature. Attach separate sheet if necessary.) -----				
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X HOURS PER REPORT	= COST PER REPORT	X TIMES PREPARED	=	COST PER YEAR
GS 11-7	6.87	2	13.74	Approx. 30		412.20
GS 4-1	2.81	1	2.81	30		84.30
B. COSTS OF COMPUTER PRODUCED REPORTS						
90 TOTAL COSTS PER YEAR 496.50						
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Combined w/annual safety report.						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS --- STAT
15. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2006/11/13 : CIA-RDP75-00399R000100130061-6 Reports Officer, LSD/OL				18. EXTENSION